

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

09776258

APPLICANT(S)

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		2				
6						
7						
8						
9		1				
10						
11						
12						
13		1				
14						
15						
16		3				
17						
18						
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26		8				
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35		2				
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47						
48						
49						
50						
TOTAL IND.	19					
TOTAL DEP.	23					
TOTAL CLAIMS	40					

CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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